

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JIM RUNQUIST  
TME ASPHALT RIDGE LLC  
4526 RIDGEVIEW DR  
EAGAN MN 55123

5104710088

2. Article Number

(Transfer from service label)

7011 0110 0001 3568 0468

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Jim Runquist

☐ Agent☒ Addressee

B. Received by (Printed Name)

Jim Runquist

C. Date of Delivery

2-5-13

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Postage

\$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total Postage & Fees

\$

5/047/0088

Postmark  
Here

Proposed  
Assessment

Sent To

JIM RUNQUIST TME

Street, Apt. No.,  
or PO Box No.

4526 RIDGEVIEW DR

City, State, ZIP+4

EAGAN MN 55123

7101 0110 0001 3568 0468